



RAA Mentorship Program – Mentee Evaluation of Program (9/2013)

Beginning and Ending Dates of Mentorship Program:

Total # of Mentorship Hours:

Location:

Mentor's Name:

Mentee's Name:

Please rate the effectiveness of this mentorship activity.
 5=Excellent 4=Very good 3=Good 2=Fair 1=Poor

Please rate the following (mentorship program):	5	4	3	2	1
Please rate how well the mentorship program focused on your learning objectives.					
Please rate the overall quality of this mentorship program.					
Please rate how well organized the mentorship program was.					
Please rate the extent to which your expectations of this program were met.					
Did you find the facilities suitable for learning?					
Please rate the following (mentor):	5	4	3	2	1
Please rate the Mentor's expertise of the subject area.					
Please rate the appropriateness of the Mentor's teaching strategies.					
Please rate the Mentor's responsiveness to your questions.					
Please rate the Mentor's encouragement of your participation					
Please rate the Mentor's pacing of subject matter					

What new knowledge and skills will you apply in your practice as a result of the Mentorship Program?

Please describe how you may do things differently in your business or with your clients after participating in this Mentorship Program.

Would you recommend the Mentorship Program to others?

Would you recommend this mentor to others?

Any further comments?

Signature: _____ Date: _____